



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Exceptional Support Services	Region(s):	1
Agency Type:	Residential Habilitation	Survey Dates:	October 5, 2016
Certificate(s):	RHA-5368	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.202.01.b. 202.ADMINISTRATOR. 01. Administrator Qualifications. Each agency must have a designated administrator who: b. Has satisfactorily completed a criminal history check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)	In review of agency files, for the administrator there is no verification that the administrator has satisfactorily completed a criminal history check in accordance with IDAPA 16.05.06 "Criminal History and Background Checks". Record indicates that the administrator added her name to the agency in February 2016. There is an ISP name check form in the file which has not been completed with review of record and there is no indication that this ISP name check form was ever submitted to the ISP for review.	<p>1. <i>The Administrator has reviewed agency policy and as added criminal background checks to the staff quarterly data collection tool to ensure compliance. The administrator is responsible for conducting and responding to any missing items found during the quarterly audits.</i></p> <p>2. <i>To address this specific citation the administrator has contacted the Idaho State Police (ISP) and received verification that the ISP received the Name Based Criminal Background Check Form 3/1/16. Although, the ISP could not send a copy of that report they did send a copy of the receipt to verify that</i></p>	<i>Click here to enter a date.</i>



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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		<i>the request was received by the department. 3. A new request has been faxed to the ISP 10/14/16. Fax verification and receipt are located in the administrator's file 4. Corrective has action has been implemented.</i>	

Agency Representative & Title: Leslie Varner-BSW Administrator/QIDP <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 10/25/2016
Department Representative & Title: <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: